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EFFECTIVE DETERMINANTS FOR SUPPORTING LIFESTYLE HEALTH LITERACY AND SELF MANAGEMENT SKILLS IN PRIMARY CARE

CENTRE FOR PRIMARY HEALTH CARE AND EQUITY
UNIVERSITY OF NEW SOUTH WALES

Harris M
Taggart J
Williams A
Dennis S
Newall A
Shortus T
Denney-
Wilson E
Zwar N

POLICY CONTEXT

This review focuses on improving health literacy in the management of the SNAPW (Smoking, Nutrition, Alcohol, Physical Activity and Weight) lifestyle risk factors. Health literacy in these risk factors and their management influences the decisions and actions which people make and determine the effectiveness of many strategies to prevent and manage chronic illness.

KEY FINDINGS

There were 54 studies which met our inclusion criteria. Health literacy was improved in 74% of these. The results were more mixed for SNAPW risk factors with 43-58% of studies reporting a significant improvement in these. There was insufficient evidence for interventions targeting alcohol use and for telephone interventions.

Most studies evaluated group education, individual interventions (counselling, interviewing), written materials or multiple combinations of interventions. Group or multiple interventions were more likely to report changes in nutrition; those with individual counselling and interviewing changes in smoking and physical activity; those using written materials changes in nutrition. More intensive interventions were not necessarily more likely to report changes in behaviour.

There was little difference in the effectiveness of particular providers in changing the SNAPW risk factors. Nurses and educators were involved in providing those interventions that were most successful in changing health literacy.

The majority of group or multiple interventions targeting people from low socioeconomic or education backgrounds or ethnic minorities reported success in achieving health literacy, nutrition and weight outcomes.

Important barriers to the provision of health literacy interventions include the time and a range of preventive skills of providers, the quality and continuity of provider-patient relationship and the cost and comprehensibility of messages and materials. Patient uptake was influenced by psychological status, beliefs and outcome expectations, which in turn were influenced by family and social support, poverty, culture ethnicity.

POLICY OPTIONS

The findings are consistent with programs which encourage and train patients' "usual providers" to offer more tailored individual and group interventions (and develop their skills in this) along with culturally and language appropriate patient education resources. Major capacity constraints need to be addressed to make these affordable and accessible especially for low socioeconomic groups.

For more details, go to the [three page report](#).

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